			PU	RCHASE O	RDER				
P.O. No.:	HMTL/PO/AM/202	1-07\041	Date : 29-Apr-21						
				CUSTOMER:	HEADINGTON MED	ICAL TEC	HNOLOGY LIMIT	ED	
То	VIAMED LTD				34, RELIANCE WAY, OX4 2FU, OXFORD				
	15 STATION ROAD				ENGLAND UK				
10	KEIGHLEY, WEST YORKSHIRE				Phone: +44-1865 701635				
	BD20 7DT, ENGLAND								
	UK		_						
	Tel: +44 (0) 1535 634542			Proforma No	MVM130089				
	Email: info@viame	d.co.uk		LUNDUCTAN MEDICAL TECHNOLOGY					
				CONSIGNEE:	HINDUSTAN MEDICAL TECHNOLOGY 27774/2A, KHB YELAHANKA 5TH PHASE, YELAHANA NEW TOWN				
					BANGALURU-560064				
			BANGALURU-560064 KARNATAKA INDIA						
				Email	customersupport@h		nedical com		
				Liliali	customersupporter	iii luustai 1-ii	iedical.com		
	†			BANKER:	ICICI BANK UK PLO	;	1	I	
i					SORT CODE : 300128				
From	HEADINGTON MEDICAL TECHNOLOGY LIMITED				ACCOUNT NUMBE	R:763118	74		
		ngtonmedical.co.uk							
	Phone: +44-1865	701635							
PRICE				EX WORKS					
SHIPMENT MODE			BY AIR FREIGHT						
PAYMENT				100% Advance					
DELIVERY				IMMEDIATE FROM EX STOCK					
FORWARDER				WE WILL INFORM YOU.					
FREIGHT				TO BE ARRANGED BY US					
PORT OF SHIPMENT			UNITED KINGDOM						
COUNTRY OF ORIGIN				UNITED KINGDOM					
PORT OF DESTINATION				BENGALURU					
TRANSHIPMENT				NOT ALLOWED					
PART SHIPMENT				NOT ALLOWED					
VAT				ZERO VAT					
INSURANCE				WILL BE ARRANGED BY US					
INCOMMICE				WILL DE ANNA	.,				

PURCHASE ORDER														
P.O. No.:	HMTL/PO/AM/2021	-07\041		Date : 29-Apr-21										
INVOICE	INVOICE FORMAT: (To appear as exactly in your shipping invoice)													
SI. No.	Cat No.		De	scription		Qty. Nos.	Unit Price GBP	Total GBP						
1	4310003	SpiroTrue Flow sensor.	Pack of 6. [Disposable		100	29.70	2,970.00						
	•	1				I	TOTAL	2,970.00						
TERMS OF SALES														
1	For all the shipments which is effected by this Purchase Order, one copy of the shipping documents in orginal including airway bill should be sent to HEADINGTON MEDICAL TECHNOLOGY LIMITED.													
2	Kindly intimate us by way of Email (preferable with the Airway Bill) once the shipment is effected.													
3	If you do not receive a	f you do not receive all the information clearly, kindly clarify with us before shipment.												
4		Kindly follow the invoice format provided.												
5	Kindly quote our P.O.No. for all the correspondences pertaining to this order.													
6	Please notify us imme	diately if you are unable to sh	ip as specifie	d.										
-		DOC	JMENTS R	EQUESTED WIT	TH THE SHIPMENT									
1	INVOICE		DUPLICATE		√	TRIPLICATE								
2	PACKING LIST	√	REQUIRED			OTHERS (SPECIFY)								
3	TEST LICENCE			APPLICABLE		√	NOT APPLICABLE							
4	FREE SALE CERTIFIC	CATE		REQUIRED		√	NOT REQUIRED							
5	COUNTRY OF ORIGI		REQUIRED		√	NOT REQUIRED								
6	DOCUMENTS TO BE	✓	HEADINGTON			CUSTOMER								
7	INSURANCE CERTIF	√	REQUIRED			NOT REQUIRED								
Best Rega	ards.		ı											
ANUPAMA	SAPROO		Y KOUL			MONICA	A PASCRICHA							
DIRECTOR	R UK&I	MANAGIN	R	CFO										